

2017 – 2018

PROVINCIAL SCHOOL
IMMUNIZATION STRATEGY



August 2017

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Updates for the 2017-18 School Year

- To reduce the number of students that require catch-up immunizations in Grade 1, focused immunization efforts should be directed toward children who are four-six years old (before they start Grade 1).
- PHNs need to use judgement when immunizing young children (e.g., Kindergarten, Grade 1 students) in the school setting. Some options to consider are:
 - Inviting Grade 1 students and their parents to attend an immunization clinic at the health centre so that their children can be held and comforted by their parent during immunization.
 - Arrange immunization at the school at a time when a parent can attend so that their children can be held and comforted by their parent during immunization.
 - Ensuring that a PHN is available to hold and comfort the child while they are immunized in the school setting.
- Males in Grade 6 are eligible for the HPV vaccine.
- Students who did not finish their HPV-4 series before September 1 will receive HPV-9 for their outstanding dose(s).
 - As HPV-9 is a new vaccine, a new consent directive must be obtained for HPV-9 and the HPV-4 consent must be expired once consent directives are obtained for HPV-9.
 - A letter from the Ministry of Health explaining that HPV-9 has replaced HPV-4 must accompany every general consent form and HPV-9 fact sheet **only** for students who have an incomplete HPV series.
- The Ministry supports RHAs and FNJs to focus on providing immunization services to the targeted grades (and other students as feasible) with routine vaccines in schools **except for influenza** as part of the PSIS.
- Some people, who received Men-C-C appropriately when they were in Grade 6, even though they may have been younger than their Grade 6 peers, will forecast that they are overdue for Men-C-ACYW-135 based solely on their date of birth (refer to Bulletin 24 Where do I document...).
 - They are not to receive Men-C-ACYW-135 as the forecaster shows, **as they were immunized according to the provincial schedule at the time** along with their Grade 6 peers.
 - PHNs are to **add a warning to the client's record** stating, "Men-C-ACYW-135 is forecasting based on client's date of birth, and they were immunized for meningococcal disease appropriately in Grade 6".
- Refer to the *Mass Immunizations User Guide* for details about the Mass Immunization module.
- Client consent directives documented in Panorama are valid in all Health Authorities (and First Nations Jurisdictions that use Panorama).
- To support standard PHN practice in the province and ensure consistency in the immunization process, all jurisdictions using Panorama must:
 - Use Ministry of Health developed resources such as consent forms and fact sheets.
 - Adhere to recommended PSIS procedure and policies (e.g., detailed documentation of consent directives) to support.
- Public Health Nurses (PHNs) (and Community Health Nurses (CHNs) employed in First Nations Jurisdictions) shall use the Communications Log to:
 - Document second and third attempts to obtain consent directives for immunization for targeted grade students. Refer to Bulletin 24 *Where do I document in Panorama* for details.
 - Document first, second and third attempts to obtain consent directives for immunization for non-targeted grade students. Refer to Bulletin 24 *Where do I document in Panorama* for details.

- Client Warnings that were ‘transferred’ from the previous immunization registry used in SK shall be converted to Special Considerations (e.g., exemption to varicella) as appropriate when a client record is accessed (i.e., when a PHN is actively reviewing a client’s record for a targeted grade immunization program); when reviewing the consent form screening questions; or when a client presents in person.

Introduction

- The *Provincial School Immunization Strategy* (PSIS) targets the school-aged population from grade 1 up to and including grade 8 or its equivalent.
- School-aged immunization programs are core public health services that are delivered by PHNs and CHNs. In this document, Public Health Nurse (PHN)/Public Health Nurses (PHNs) will be the terms applied to address nurses who deliver the school immunizations.
- School immunization clinics allow for rapid, efficient, and safe immunization of large numbers of students at the schools, in a short time with minimal interruptions to the educational activities.
- There are no school-age or grade specific immunization entrance requirements (or enforcements) for children to attend schools in Saskatchewan.
- The PSIS adheres to informed consent principles and processes as directed by the Ministry of Health.
- The PSIS is collaboratively administered by provincial stakeholders, including the Ministry of Health, the Saskatchewan Disease Control Laboratory (SDCL), eHealth Saskatchewan, RHAs, and FNJs. External collaborators include the Ministry of Education and all provincial school boards.
 - More information on collaboration with the Ministry of Education can be found in the *Mass Immunizations User Guide*.

Purposes

1. To promote collaborative and effective use of nursing time in activities necessary to deliver immunization programs to school-aged children.
2. To provide guidance and direction in addressing common issues inherent to school immunization clinics.
3. To ensure that school-aged children receive the publicly funded immunizations they are eligible for in convenient and accessible locations.
4. To encourage the uptake of immunizations in order to preserve the health of the school-aged population and the community at large.
5. To measure and evaluate school immunization coverage statistics and vaccine-preventable disease rates as public health outcomes.
6. To ensure that immunization records and consent directives for grade 1, 6, and 8 students are accurate and documented in the students' immunization records in Panorama.

Principles

- Operational efficiency and collaboration are paramount to deliver school-based immunization programs. The Ministry recommends that RHAs/FNJs adopt and implement the recommended procedures in this document into their regional operations.
- The provincial government appoints the start and end date of every school year.
- Immunizations are considered preventative routine health services, and are generally not considered ‘medical treatments’ unless they are administered for immunoprophylaxis purposes.
- Annual immunization record reviews must be conducted for all grade 1, 6, and 8 students to assess and identify individual immunization requirements, previous adverse events following immunization, and special consideration (e.g., exemptions, contraindications) to minimize the potential for vaccine errors.
- A client record must be created in Panorama for students who do not have an existing Panorama record.
- Immunization consent grants are valid in Saskatchewan for the period needed to give all required doses of the vaccines consented to (until revoked or age-related limitations are met).
- **Grade 1, 6, and 8 students must receive a dose of all vaccines** they are eligible for at the first school immunization session (e.g., Var, HB, HPV-9, Men-C-ACYW-135 in Grade 6; Tdap in Grade 8) unless extenuating circumstances apply, which must be documented appropriately in the client’s immunization record as per Bulletin 24 *Where do I document?*.
- Students who miss school clinics remain eligible to receive their vaccines until they are up-to-date (exceptions are age limitations for HPV-9 and Meningococcal conjugate vaccines).
- Documented immunization records are the only acceptable format to assess a student’s immunization history and current immunization status (Refer to the *Saskatchewan Immunization Manual*, chapter 7, <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter7.pdf>).
 - **Client immunizations recorded in applications such as Immunize.ca are not formal immunization records and cannot be accepted.**
- Immunizations that a student received outside of Saskatchewan (e.g., in another province, territory, or country) must be forwarded to public health and entered into the student’s immunization record to ensure that their immunization history and forecast is as complete as possible.
- PHNs shall review the immunization record of every student before they are immunized. If a PHN notices that a student does not need a vaccine that a parent/caregiver has given consent for, the nurse shall not immunize the child with that vaccine, and a note should be made on the *Notice of Immunization* form given to the student post-immunization to inform parents.
- It is best practice to documented administered vaccines into the student’s Panorama record at the point of service, or within 24 hours if the PHN/CHN does not have access to a portable computing device. Refer to Appendix 6: Immunization Data Entry into Client Records by Non-Providers.
- All immunization consent directives must be transcribed in each student’s immunization record and include the names of the consenter and PHN/CHN who obtained the consent directives as a standard practice.
- Vaccines that are documented as refused or deferred (will still forecast) should be re-offered by a PHN at the next immunization review to ensure that opportunities for immunization are presented to parents / guardians / students.
- Vaccine exemptions should be reassessed if they are still applicable (e.g., medical status has changed).
- PHNs should become familiar with the *Mass Immunizations User Guide* and Bulletin 0024 *Where Do I Document in Panorama* (for guidance regarding how and where to document various topics (e.g., ‘routine school vaccines’ section) and situations encountered during clinical practice.

Student Population Groups

The Saskatchewan Ministry of Health provides immunization services, in the school setting, to students in two identified priority groups:

1. Primary priority groups:
 - a. Students in grade 1
 - b. Students in grade 6
 - c. Students in grade 8

2. Secondary priority groups:
 - a. Canadian-born students new to Saskatchewan
 - b. Foreign-born students new to Saskatchewan/Canada*
 - c. Students transferring from other schools (including from FNJ) within Saskatchewan
 - d. Students identified (through a passive approach via opportunistic presentation at public health clinics) as eligible for enhanced immunization programs (refer to the Saskatchewan Immunization Manual chapter 7, *Special Populations* at <https://www.ehealthsask.ca/services/manuals/Documents/sim-chapter7.pdf>).

NOTE: Students in a secondary priority group are strongly recommended to have their immunization records checked **only** when they are in grades 1, 6, and 8. Active pursuit of these students for ‘catch-ups’ is discouraged when they are in other grades. However, immunizations may be offered to these students during opportunistic presentations.

*Foreign-born individuals may be eligible to receive several vaccines. Diligent assessment of a foreign-born student’s documented immunization history is required, as some immunizations may be considered invalid because of spacing intervals or documentation discrepancies. Foreign-born students who do not have or cannot access their personal documented immunization records are considered unimmunized and will be offered all immunizations (series) they are eligible for.

Policy A: Attempts to obtain informed consent for immunization.

Background: Multiple attempts to get informed consent for immunization from a student's parent or guardian are time-consuming. Challenges obtaining an informed consent may include a student not understanding the purpose of immunizations (classroom teaching regarding immunizations actively involves them and may facilitate consent returns); being afraid of needles (psychological stress), and intentionally not taking the consent form home; the student discards, hides, or loses the consent form, the student forgets to give consent form to their parent/guardian; parent/guardian forgets to complete the consent form; parent/guardian does not want student immunized and does not understand that this indication is on the consent form; or there are language or cognitive barriers or no telephone access.

Summary: No more than three attempts to obtain parent/guardian informed consent for grade specific or 'catch-up' immunization need to be made by a PHN. See the *Mass Immunizations User Guide* for instructions on how to record follow-up the second and third attempts in the Communications Log and to update the client's Immunizations Event Status.

Recommended Procedure:

- **First attempt - Consent packets delivered/sent to school at least two weeks before the scheduled day of the clinic.**
 - Student takes packet to parent/guardian; or the PHN provides the consent packet web link to the student's social worker to complete and send back to the public health office via **confidential** email or fax.
 - Vaccines that are documented as refused should be re-offered to students to ensure that opportunities for immunization are presented to parents / guardians / students (refused grade 6 human papillomavirus (HPV) re-offered in grade 8).
- **Second and Third attempt options (if required).**
 1. Resend packet with student or to social worker as per above.
 2. Telephone call to cell, work, and/or residence number (or to social worker). PHN must leave messages to be called back if no answer or proceed as per recommended procedure *Obtaining Informed Consent or Refusal by Telephone*.
 3. Text message to cell phone if regional policy permits.
 4. Mail consent packet to the student's mailing address care of their parent/guardian.
 5. Do a home visit.
 6. **In letters and during phone contact/message/text**, always direct parents/guardians to the Ministry of Health's website where they can read the immunization facts sheets: (<http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets>). Parents/guardians of grade 6 and 8 students can print off the appropriate consent, complete it, and send it back to school with student immediately, or they can arrange to speak with a PHN.
 7. PHN voice (or text) message(s) after the third attempt may state that it is now the parental/guardian's responsibility to contact Public Health if they wish for student to be immunized as no more contact attempts will be made in this current grade.
 8. Document the second and third attempts and methods used in the Communications Log in the client's record, and update the Client's Mass Immunizations Event Status as per the *Mass Immunizations User Guide* and bulleting 24 *Where do I document in Panorama*.

Notes:

- If consent directives are not documented for a student, and they present during a school clinic stating they are certain they know that they are supposed to receive an immunization but left their signed consent at home or have lost their signed consent, etc., call their parent/guardian/social worker during the school immunization clinic (**if time allows**) to get verbal consent for immunization using the appropriate immunization consent form. If time is not available at a school clinic for this purpose, telephone as above for follow up prior to next school clinic visit. Refer to Policy B: *Mature minor informed consent for immunization*.
- Once a student turns 18 and is no longer a minor, verbal consent must be obtained from them in order for a PHN to continue a vaccine series or to begin a vaccine series that their parent/guardian/social worker had signed for.

Policy B: Mature minor informed consent for immunization.

Background: In Saskatchewan, there is no set legal age that an individual must attain in order to make healthcare decisions for their self. Although the legal age of majority in Saskatchewan is 18 years old, many younger individuals are capable of providing informed consent for immunization based upon the mature minor principle. Occasionally, individual students may approach a PHN and request to receive information regarding vaccines (a mature minor has moral and legal rights to receive vaccine information). After reading the information provided, the student may request to receive specific immunizations.

Summary: Mature minor informed consent for immunization may be given by students who are at least 13 years old up to and including 17 years of age.

Notes:

- In principle, informed consent for immunization given by a competent mature minor cannot be overridden by a parent, guardian, or social worker. If a PHN identifies any current or potential issues of this nature, their supervisor should be consulted immediately.
- When a student is 12 years of age or younger and is actively seeking immunization information and/or actively identifies herself/himself to a PHN as requesting to receive a vaccine(s), the PHN MUST bring this request to the attention of their supervisor **and/or** the regional MHO for a case-by-case consultation.

Recommended Procedure:

- **A PHN should use their discretion to assess if a student should be immunized at the same encounter in which they have approached the PHN regarding immunization.**
- **Unless the student identifies themselves as an emancipated minor, PHNs should always direct a student to discuss immunizations with their parent/guardian/social worker before proceeding to get mature minor informed consent for immunization.**
- When a student identifies that they do not wish to have this discussion, or when they identify that they have had the discussion but they and the party have differences of opinion, the PHN may seek further consultation from a supervisor and regional Medical Health Officer (MHO), or by using her/his professional judgement. Proceed according to these steps:
 1. Assess the vaccines that the student is eligible to receive upon reviewing the student's immunization record(s) with them including vaccines for which there are signed refusals. It is appropriate for the PHN to share with the student their current eligibility status, and it is the student's responsibility to let the PHN know if they want to engage in further conversation regarding these immunizations. This may apply to routine school immunization programs, missed or refused childhood immunizations, and/or vaccines based on medical or lifestyle risks.
 2. Use a health screening questionnaire, found in the *Saskatchewan Immunization Manual (SIM)*, chapter 8 *Administration of Biological Products* section 1.1.1 (<http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter8.pdf>) to assess the student's health.

3. Using client-centered communication, assess the student's developmental competency for understanding the standard material and for decision making. Follow the 7 steps to obtain informed consent as outlined in SIM, chapter three *Informed Consent* (<http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter3.pdf>):
 - a. Determine their authority to provide informed consent (based on age at presentation).
 - b. Assess ability to give informed consent. Identify if language, hearing, verbal or cognitive barriers are present.
 - c. Provide standard information and resources.
 - d. The current applicable provincial immunization fact sheets **and** the *Protecting the Privacy of your Immunization Record* fact sheet (or web link www.saskatchewan.ca/immunize) must be given to the student to read.
 - e. Confirm that the student understands the standard information they have received. According to the *Fraser Guidelines* in the UK (1985), to assess a young person's level of competence, a PHN needs to ensure that the student:
 - Understands the vaccine offered and why it is proposed based on eligibility.
 - Understands the main benefits, risks, and alternatives.
 - Explore with the student how they would manage an adverse event following immunization.
 - The student may need to inform their parent/guardian that they have received an immunization if they have an adverse event to an immunization. Explore with the student how they would manage this situation.
 - Understands the consequences of not being immunized.
 - Makes a free choice regarding immunization without pressure by the PHN.
 - f. Provide an opportunity for questions to be asked.
 - g. Confirm their consent and readiness to proceed.
 - h. Document informed consent or informed refusal.
4. In the nursing notes section of the consent form, document the PHN's professional assessment of the student's ability to make solid decisions based on their comprehension of materials and maturity.
 - **If a PHN assesses that a student is unable to give informed consent because of lack of understanding and comprehension of the standard information, then the student is not to be immunized at this time and needs to be informed of the PHN's decision.**
5. The student and the PHN must both sign the consent form prior to the administration of any vaccines. **Students who do not sign their consent form will not be immunized.**
6. Update the student's immunization consent directive(s) and document that mature minor consent was obtained.
7. The *Notice of Immunization* form is completed and given to the student.
8. Inform the student that immunizations that have been administered will be recorded in the provincial immunization registry, and that a copy is provided to them at the end of grade 8.
9. Because mature minor informed consent for immunization is confidential health information and should not be shared to any party without the minor's permission, if the student is concerned about his/her parent/caregiver seeing their record, the PHN shall make alternate arrangements to address the student's concerns. In such cases, the PHN should create a **Client Warning** in the student's record to note that the immunization profile **is not** to be sent to the student's home in grade 8.

Policy C: Attempts to retrieve and obtain immunization records.

Background: To assess a student's immunization history and vaccine eligibility, documented immunization records for each student must be available for review by a PHN to:

- A. Assess the validity of vaccines previously received:
 - The administration dates;
 - Intervals between doses; and
 - Administration routes.
- B. Avoid vaccine administration errors and omissions for the student by public health.
- C. Assess verbal histories:
 - Verbal histories of disease alone may be unreliable (e.g., varicella). Also, several pathogens can cause a disease (e.g., meningitis).
 - Verbal immunization histories are generally accepted for influenza immunizations.

Summary: No more than two attempts to retrieve and obtain immunization records for a student needs to be made by a PHN.

Recommended Procedure:

1. For students who do not have documented immunization records or their records are incomplete, the PHN may employ the following options (a two month span is suggested) and document each attempt and method.
 - a) Give a (regionally developed) *Request for Health Records* form to the student for their parent/guardian to complete and return to the school; or mail the form to the student's parent/guardian at the student's current mailing address for the parent/guardian to complete and send back with the student.
 - i. This record will then be forwarded to the facility/agency/provider that the parent/guardian has identified as having provided their child's immunizations or hold their child's immunization record(s).
 - b) Telephone the student's residential telephone number, their parent's/guardian's cell and work telephone numbers once.
2. Upon their receipt, enter the student's documented immunization records as historical records into Panorama.
3. If a student's immunization records remain unobtainable after two retrieval attempts, they are considered unimmunized and they are to be offered all primary immunization series according to age-specific eligibility criteria stated in SIM chapter five *Immunization Schedules* (<http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter5.pdf>) to bring them up to date. Minimum intervals may be used at the nurse's discretion to get the student caught up but recommended intervals are preferable for best immunity. Refer to PSIS Policy A: *Attempts to obtain informed consent immunization* for direction.
4. Refer to bulletin 0024 *Where Do I Document in Panorama* for guidance regarding documentation of various topics (e.g., 'incomplete vaccine history) and situations encountered during clinical practice in a client record.

Recommended Procedures

The recommended procedures are explained in detail, with the primary objective of reducing the ‘wastage’ of nursing time that has been inherent in the preparation, organization, and delivery of school immunization programs in the past. Suggested timeframes for grade-specific recommended procedures are presented in table formats to assist with program planning.

The secondary objective of the recommended procedures is to ensure that consistent business practices are implemented and sustained in all aspects of the PSIS. This will ensure that individuals and families receive consistent quality immunization services as an expectation in any community in which they reside.

The tertiary objective of the recommended procedures is to assure that the parents/guardians and families of students in grades 1, 6, and 8 receive consent packets that are easy to comprehend and complete, and to re-offer opportunities for immunization of their children in specific grades.

The last objective of the recommended procedures is to reduce wastage of resources that are produced, printed, and shipped by the Ministry of Health.

NOTES:

1. The Mass Immunization function facilitates documentation of all verbal or written consent directives.
2. Bulletin 0015 ‘*Where do I find the SIMS “Reason Not Immunized” in Panorama?*’ should be referred to when client information regarding reasons not immunized in SIMS were transferred to Panorama as a Client Warnings in February 2015. These Client Warnings must be managed and changed to Special Consideration – Precaution; Contraindication; or Exemption as directed in Bulletin 0015 along with the appropriate Special Consideration reason to ensure proper documentation and forecasting functionality for the client’s record. Refer to *User Guide Immunization - Add Special Consideration* for further information.
3. To avoid ‘rework’ related to inaccurate class lists, it is recommended that they be obtained as close to the end of September as possible.

Recommended Procedures - Grade 1

As Kindergarten is not mandatory in Saskatchewan, the grade 1 immunization program targets students who have not completed their routine preschool immunizations (and/or missed childhood tuberculin (TB) skin test (TST) based on current population/community risk recommendations).

- A. The majority of grade 1 students will have complete documented immunization records and be up-to-date for age. **These students do not require another immunization record review until they are in grade 6.**
- B. A small proportion of grade 1 students will:
 - Be delayed in immunizations;
 - Have an absent or partially complete documented immunization record; or
 - Have documented vaccine refusals or exemptions in their Panorama immunization records.

Recommended Procedure:

1. By February of the current school year, PHNs and/or PHN Managers should send a request to the school for an appropriate space and mutually agreeable dates to conduct an immunization clinic (refer to sample letters in Appendices 8 and 9).
2. PHNs need to use judgement when immunizing young children (e.g., Kindergarten, Grade 1 students) in the school setting. Some options to consider are:
 - a. Inviting Grade 1 students and their parents to attend an immunization clinic at the health centre so that their children can be held and comforted by their parent during immunization.
 - b. Arrange immunization at the school at a time when a parent can attend so that their children can be held and comforted by their parent during immunization.
 - c. Ensuring that a PHN is available to hold and comfort the child while they are immunized in the school setting.
3. PHNs should do an initial search in Panorama for their class list. PHNs are required to review the immunization records of every grade 1 student in a class for completeness and validity.
 - a. Some students may have previously received a vaccine for immunoprophylaxis, for wound management of an injury, because of an underlying medical condition or because of international travel.
 - b. Students who have documentation of refused or delayed vaccines should be re-offered those vaccines as appropriate for cohort or age.
 - c. Students who have vaccine exemptions should be reassessed for current validity.
4. The PHN may need to actively retrieve immunization records as per Policy C: *Attempts to retrieve and obtain immunization records*. This serves two purposes:
 - a. To ensure that students have the opportunity to be fully immunized prior to their 7th birthday.
 - b. To ensure that the 7 year old immunization coverage rates have an accurate denominator and provide meaningful data as a public health indicator.
5. Upon reviewing immunization records, students who require immunizations (and/or a TB skin test) require a personalized *General Consent for Immunization*.
6. If consents are being given to parents ahead of their child's immunization, the PHN should fully complete section 3 of the general consent. To protect student privacy, all vaccine-specific immunization fact sheets, the *Protecting the Privacy of your Immunization Record* fact sheet and a consent instruction sheet must be placed with the students' consent form into a sealed envelope. The envelopes are delivered to the school, and the student is instructed to take the envelope home for completion and to return the envelope to the school immediately upon completion.

7. If consents (in addition to immunization fact sheets) are being given to parents ahead of their child's immunization, the PHN should fully complete section 3 of the general consent. To protect student privacy, all vaccine-specific immunization fact sheets, the *Protecting the Privacy of your Immunization Record* fact sheet and a consent instruction sheet must be placed with the students' consent form into a sealed envelope. The envelopes are delivered to the school, and the student is instructed to take the envelope home for completion and to return the envelope to the school immediately upon completion.
8. If consent directives will be obtained verbally from a parent/guardian in the health centre, the consent directives can be directly entered into Panorama before immunization, thus a hard copy is not required.
9. Once the consent forms are collected from the school(s), the PHN shall review each form for completeness and accuracy.
10. Record immunization consent directives in the student's record.
 - Update Special considerations and risk factors as required based on a review of the screening questions.
 - Vaccines which have signed refusals must be entered into the student's immunization record in the provincial immunization registry at this time by the PHN.
11. Refer to Policy A: *Attempts to obtain informed consent for immunization* if required.
12. Student's immunization profiles should be printed before each clinic. The *Mass Immunizations User Guide* has a detailed review of printing these profiles. Attach each student's immunization profiles to their respective consent forms as close as possible before the school clinic, **even if using point of service**, pending PHN/clerical workload and support.
13. At the school clinics:
 - Exact minimum intervals may be used at the nurse's discretion to get the student caught up; recommended intervals are preferable for best immunity.
 - After vaccine administration, ensure that each student receives a completed *Notice of Immunization* form if not receiving a copy of their Client Immunization Record.
14. The PHN is obligated to document all details of the immunization services provided during an encounter in section five of the general consent form when point of immunization entry into Panorama is not used.
 - a. It is recommended that immunizations given in the school setting be documented into the provincial immunization at the point of service, or within 24 hours if a portable computer device is not available. RHAs may refer to Appendix 6: *Immunization Data Entry into Client Records by Non-Providers*.
15. In some situations, a PHN may accommodate a parent's/caregiver's request for immunization of the student in an alternate setting. Refer to bulletin 0024 *Where Do I Document in Panorama* as to documenting a client warning regarding this request.
16. Refer to next page for suggested timeframe table.

Suggested Grade 1 Timeframes	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
<ul style="list-style-type: none"> Identify potential PHN clinic dates 				☐	☐							
<ul style="list-style-type: none"> Conduct school planning (e.g., generate Panorama class list and prepare general consent forms) Contact schools to arrange clinics 					☐ ☐	☐ ☐						
<ul style="list-style-type: none"> Do immunization history reviews and retrievals Contact parents of students who are eligible for catch-up PHN may partially complete section 1 and must fully complete section 2 of general consents for students Delivered general consent and fact sheet packets to school 					☐ ☐ ☐ ☐	☐ ☐ ☐ ☐						
<ul style="list-style-type: none"> Pick up and review consent forms for completeness Follow up with parents if required 					☐ ☐	☐ ☐	☐ ☐					
<ul style="list-style-type: none"> Order vaccines 					☐	☐						
<ul style="list-style-type: none"> Clinic - administer doses of all vaccines students are eligible for and document in Panorama 						☐	☐					
<ul style="list-style-type: none"> Catch-ups at PHN's discretion and document in Panorama 							☐	☐	☐	☐	☐	

Recommended Procedures - Grade 6

The grade 6 immunization program offers hepatitis B, meningococcal conjugate ACYW-135, human papillomavirus and varicella vaccines to all students.

- A. The majority of grade 6 students will have complete documented immunization records and be up-to-date for age. **These students do not require another immunization record review until they are in grade 8.**
- B. A small proportion of grade 6 students will:
 - a. Be delayed in immunizations;
 - b. Have an absent or partially complete documented immunization record; or
 - c. Have documented vaccine refusals or exemptions in their Panorama immunization records.

Recommended Procedure:

1. By mid-September of the current school year, PHNs and/or PHN Managers should send a request to the school for an appropriate space mutually agreeable dates to conduct an immunization clinic (refer to sample letters in Appendices 8 and 9).
2. Order the required number of consent packets plus a few extra, and a small amount of general consent forms for students who are not up-to-date. Do not insert the Grade 6 consent packets into envelopes before they are delivered to the school (only required for General Consent forms). The consent form packets are to be brought to school when received and collected 1 week later.
3. PHNs should do an initial search in Panorama for their class lists. PHNs are required to review the immunization records of every student in a class for completeness and validity.
4. Once the consents are collected, the PHN Mass Immunizations event should be created to get the electronic worksheet, which will enable the PHN to enter client information.
5. Review each student's consent form for completeness and accuracy, and their immunization history:
 - Some students may have previously received a vaccine for immunoprophylaxis for wound management of an injury because they have an underlying medical condition or because of international travel.
 - Students who have documentation of refused or delayed vaccines should be re-offered those vaccines as appropriate for cohort or age.
 - a. Students who have vaccines exemptions should be reassessed for currently validity.
6. Record immunization consent directives in the student's record.
 - Update Special considerations and risk factors as required based on a review of the screening questions.
 - Vaccines which have signed refusals must be entered into the student's immunization record in the provincial immunization registry at this time by the PHN.
 - Note: The PHN must contact parents/guardians to address any incomplete areas.
7. Actively retrieve immunization records as per Policy C: *Attempts to retrieve and obtain immunization records*. This serves two purposes:
 - a. To ensure that all students have the opportunity to be fully immunized (or at minimum have commenced all series for which they are eligible) prior to beginning the grade 7 school year.
 - b. The grade 6 immunization coverage rates have an accurate denominator and provide meaningful data as public health indicators.

8. Student's immunization profiles should be printed before each clinic. The *Mass Immunizations User Guide* has a detailed review of printing these profiles. Attach each student's immunization profiles to their respective consent forms as close as possible before the school clinic, **even if using point of service**, pending PHN/clerical workload and support.
9. At the school clinics:
 - Exact minimum intervals may be used at the nurse's discretion to get the student caught up but recommended intervals are preferable for best immunity.
 - After vaccine administration, ensure that each student receives a completed *Notice of Immunization* form if not receiving a copy of their Client Immunization Record.
10. The PHN is obligated to document all details of the immunization services provided during an encounter in section 4 of the student's grade 6 consent form (or section 5 of the general consent form) when point of immunization entry into Panorama is not used.
 - It is recommended that immunizations given in the school setting be documented into the provincial immunization registry at the point of service, or within 24 hours if a portable computer device is not available. Refer to Appendix 6 Immunization Data Entry into Client Records by Non-Providers.
11. It is recommended that PHNs/school teams strive to ensure that all grade 6 students in all schools in a community (as best as is possible) receive their first doses of all immunizations they are eligible for before the start of the annual influenza campaign.
12. In some situations, a PHN may accommodate a parent's/caregiver's request for immunization of the student in an alternate setting. Refer to bulletin 0024 *Where Do I Document in Panorama* as to documenting a client warning regarding this request.
13. Refer to next page for suggested timeframe table.

It is recommended that the first doses of grade 6 immunizations series should be given be no later than early November to ensure that there is enough time to complete all immunization series using the preferred intervals between doses.

Suggested grade 6 timeframes	(Aug.)	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July
Identify potential PHN clinic dates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										
Contact schools to: • Get student enrolment numbers • Arrange 1st and 2nd clinic dates		<input checked="" type="checkbox"/>										
• Conduct school planning (e.g., generate Panorama class lists) • Optional- Get grade 6 student class lists if you are at the school Order: • Grade 6 consent packets • Small amount of general consent forms • First doses of vaccines	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
• Mail or deliver consent packets to school		<input checked="" type="checkbox"/>										
• Create Mass Immunizations event for school • Pick up and review consent forms for completeness • Do immunization history reviews and retrievals • Follow up with parents if required		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>									
• Contact parents if additional immunizations are needed for catch-up only for vaccines not noted as previously refused and complete general consent for student • Bring individualized general consent and fact sheet packets to school		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
1 st visit - administer doses of all vaccines students are eligible for and document in Panorama			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Visits if required for grade 6 catch-ups					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Arrange 2 nd clinic with school						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Order vaccine for 2 nd visit								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
2 nd visit – 2 nd HB, 2 nd HPV & grade 6 catch-ups								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Catch-ups at PHN's discretion and document in Panorama										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Recommended Procedures - Grade 8

The Grade 8 tetanus, diphtheria, and pertussis (Tdap) vaccine immunization program is routine for students who have not received a Tdap dose since turning 11 years of age.

- A. The majority of grade 8 students will have complete documented immunization records and be up-to-date for age.
- B. A small proportion of grade 8 students will:
 - a. Be delayed in immunizations;
 - b. Have an absent or partially complete documented immunization record;
 - c. Have a history of previous disease (e.g., varicella) that is not documented in the student's records if born before January 1, 2003; or
 - d. Have documented vaccine refusals or exemptions in their Panorama immunization records.

Recommended Procedure

1. By early December of the current school year, PHNs and/or PHN Manager should send a request to the school for an appropriate space and mutually agreeable dates to conduct an immunization clinic (refer to sample letters in Appendices 8 and 9).
2. Order the required number of consent packets plus a few extra, and a small amount of general consent forms for students who are not up-to-date. Do not insert the consent packets into envelopes before they are delivered to the school (only required for General Consent forms). The consent form packets are to be brought to school when received and collected 1 week later.
3. PHNs should do an initial search in Panorama for their class lists. PHNs are required to review the immunization records of every student in a class for completeness and validity.
4. Once the consents are collected, the PHN Mass Immunizations event should be created to get worksheet to be able to enter client information.
5. Review each student's consent form for completeness and accuracy, and their immunization history:
 - Some students may have previously received a vaccine for immunoprophylaxis for wound management of an injury because they have an underlying medical condition or because of international travel.
 - Students who have documentation of refused or delayed vaccines should be re-offered those vaccines as appropriate for cohort or age.
- b. Students who have vaccines exemptions should be reassessed for currently validity.
6. Record immunization consent directives in the student's record.
 - Update Special considerations and risk factors as required based on a review of the screening questions.
 - Vaccines which have signed refusals must be entered into the student's immunization record in the provincial immunization registry at this time by the PHN.
 - Note: The PHN must contact parents/guardians to address any incomplete areas.
7. Actively retrieve immunization records as per Policy C: *Attempts to retrieve and obtain immunization records*. This serves two purposes:
 - c. To ensure that all students have the opportunity to be fully immunized (or at minimum have commenced all series for which they are eligible) prior to beginning the grade nine school year.
 - d. The grade 8 immunization coverage rates have an accurate denominator and provide meaningful data as public health indicators.

8. Student's immunization profiles should be printed before each clinic. The *Mass Immunizations User Guide* has a detailed review of printing these profiles. Attach each student's immunization profiles to their respective consent forms as close as possible before the school clinic, **even if using point of service**, pending PHN/clerical workload and support.
9. At the school clinics:
 - Exact minimum intervals may be used at the nurse's discretion to get the student caught up but recommended intervals are preferable for best immunity.
 - After vaccine administration, ensure that each student receives a completed *Notice of Immunization* form if not receiving a copy of their Client Immunization Record.
10. The PHN is obligated to document all details of the immunization services provided during an encounter in section 4 of the student's grade 8 consent form (or section 5 of the general consent form) when point of immunization entry into Panorama is not used.
 - It is recommended that immunizations given in the school setting be documented into the provincial immunization registry at the point of service, or within 24 hours if a portable computer device is not available. Refer to the draft Immunization Data Entry into Client Records by Non-Providers Panorama policy included in Appendix 6.
11. In some situations, a PHN may accommodate a parent's/caregiver's request for immunization of the student in an alternate setting. Refer to bulletin 0024 *Where Do I Document in Panorama* as to documenting a client warning regarding this request.
12. Refer to next page for suggested timeframe table.

Suggested grade 8 Timeframes	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.
Identify potential PHN clinic dates		☐	☐									
Contact schools to: • Get student enrolment numbers • Arrange clinic date			☐ ☐	☐ ☐								
• Conduct school planning (e.g., generate Panorama class lists) • Optional- Get grade 8 student class lists if you are at the school Order: • Grade 8 consent packets • Small amount of general consent forms • First doses of vaccines				☐ ☐ ☐ ☐ ☐								
• Mail or deliver consent packets to school					☐							
• Create Mass Immunizations event for school • Pick up and review consent forms for completeness • Do immunization history reviews and retrievals • Follow up with parents if required						☐ ☐ ☐ ☐						
• Contact parents if additional immunizations are needed for catch-up only for vaccines not noted as previously refused and complete general consent for student • Bring individualized general consent and fact sheet packets to school					☐ ☐	☐ ☐						
1st visit - administer doses of all vaccines students are eligible for and document in Panorama						☐	☐					
Catch-ups at PHN's discretion and document in Panorama								☐	☐	☐	☐	

Recommended Procedure - Students who are Immunization-Delayed

1. Upon reviewing grade 1, 6, and 8 student immunization records, PHNs must ensure that students who are identified as being inadequately immunized have had attempts made by a PHN to retrieve all of the student's documented immunization records, including documented refusals as per Policy C: *Attempts to retrieve and obtain immunization records*. This serves two purposes:
 - a. To ensure that these students have the opportunity to be fully immunized for age.
 - b. To ensure that immunization coverage rates have accurate denominators and provide meaningful data as public health indicators.
2. **PHNs must use the general consent instead of the grade specific consent for immunization delayed students.** The PHN should fully complete section 3 of the general consent. To protect the student's privacy, all vaccine-specific immunization fact sheets, the *Protecting the Privacy of your Immunization Record* fact sheet and a consent instruction sheet must be placed with the student's consent form into a sealed envelope. The envelope is to be given to the student at school, and the student instructed to take the envelope home for completion and to return the envelope to the school immediately.
3. Once the consents are collected, the PHN must review each student's consent form for completeness and accuracy:
 - Update special considerations and risk factors as required.
 - The PHN must contact parents/guardians to resolve any incomplete areas.
 - Vaccines which have refusals can be entered into the student's immunization registry record at this time.
5. Refer to Policy A: *Attempts to obtain informed consent for immunization* if required.
6. Student's immunization profiles should be reviewed before each clinic. Attach each student's immunization summaries from the provincial immunization registry to their respective consent forms as close as possible before the school clinic, pending PHN/clerical workload and support.
7. At the school clinics:
 - Minimum intervals may be used at the nurse's discretion to get the student caught up; however, recommended intervals are preferable for best immunity.
 - After vaccine administration, ensure that each student receives a completed *Notice of Immunization* form.
8. The PHN is obligated to document all details of the immunization services provided during an encounter in section 5 of the general consent form when point of immunization entry into Panorama is not used.
 - It is recommended that immunizations given in the school setting be documented into the provincial immunization registry at the point of service, or within 24 hours if a portable computer device is not available. Refer to the draft Immunization Data Entry into Client Records by Non-Providers Panorama policy included in Appendix 6.
9. In some situations, a PHN may accommodate a parent's/caregiver's request for immunization of the student in an alternate setting. Refer to bulletin 0024 *Where Do I Document in Panorama* as to documenting a client warning regarding this request.

Recommended Procedure – Obtaining Immunization Consent Directives by Telephone

Obtaining immunization consent directives by telephone (i.e., verbal) can be a convenient and time-saving measure to ensure that as many students as possible are ready to be immunized on a clinic day without delay. Only 1 PHN is required to obtain immunization consent directives by telephone (refer to the Saskatchewan Registered Nurses Association (SRNA) 2011 *Documentation: Guidelines for Registered Nurses* available at:

http://www.srna.org/images/stories/pdfs/nurse_resources/documentation_guidelines_for_registered_nurses_22_11_2011.pdf).

To legally protect the PHN, informed consent or refusal should not be obtained via telephone from:

- Mature minors (PHN must obtain consent from the student).
- Individuals who have an apparent language and/or cognitive barrier.
- Children translating information for a parent/guardian who have an apparent language and/or cognitive barrier.
- **For the situations above, alternate arrangements to get informed consent should be made.**

When speaking to a student's parent/guardian over the telephone, the PHN should abide by the following:

- Follow the steps to get consent as per SIM chapter three, *Informed Consent* <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter3.pdf>.
- Ask if they have a copy of the grade specific consent packet that was to be brought home by the student.
 - If they do, ask if they want to review it at this time to make a decision, or if they want to review the packet and either call back the PHN or arrange a time for the PHN to call them back for their decision, or if they will complete it and send it back with the student.
 - If they do not, the PHN could:
 - Direct them to the Ministry of Health's website (<http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets>) to review the applicable immunization fact sheets, the Protecting the Privacy of your Immunization Record fact sheet and the grade specific consent. They can review the information and arrange a telephone call with the PHN at a later time, or choose to print off the consent and send it back to school with the student; or
 - Resend packet or fax/e-mail all forms to the parent/guardian for review. They can review the information and arrange a telephone call with the PHN at a later time, or complete the consents, and send it back with the student, or fax/e-mail it back to the PHN at their contact information.
- Once the parent/guardian has provided informed consent or informed refusal, the PHN must review and complete all required sections of the appropriate paper consent form including documentation in the nurse's notes section stating date and time and from whom consent/refusal was received. The PHN must initial in the sections where a parent/guardian signature is required (e.g. section three and four of the grade 6 or 8 consent forms) and indicated that consent directives were verbally obtained.
- Document that consent was verbally obtained via telephone in the comments section of the consent directives page.

Recommended Procedure - Student Refusal of or Resistance to Immunization

When a minor refuses or is resistant to receiving immunization services during a school clinic that a parent/caregiver has consented to, the PHN must remain calm and supportive.

The PHN shall inquire as to the reason for the refusal and apply 1 of the following options:

1. When a teacher identifies a fearful student, the PHN shall attempt to immunize this student first, so as to control the mass psychogenic illness that may spread throughout the school. When a student presents as fearful during the clinic, offer that another PHN or a calm classmate can hold hands with student. The PHN can also coach the student with breathing techniques during the procedure. When a private space is available to immunize the student, immunize the student in that setting. When a student is concerned about fainting, the student may be offered the option of laying down on a mat/bed to receive immunizations.
2. When the suggestions above are ineffective or if the PHN judges that she doesn't have time to apply these suggestions, the student is to be informed that they will not be immunized during this school clinic, informed that their parent/guardian will be contacted to make other arrangements and directed to go back to their classroom.
3. The PHN must immediately document this incident and related details in the student's record as per bulletin 0024 *Where Do I Document in Panorama*.
4. The PHN must contact the student's parent/guardian directly to make them aware of the situation and provide them with the following suggestions:
 - a. Discuss the episode and importance of immunization with the child.
 - b. Book an appointment to personally bring the student into a public health office for immunization.
 - c. Let the PHN know if they are letting the child decide for her/himself if they want to get immunized (this may happen with an older student).
5. Confirm that child remains eligible for immunization, and it is the parent/guardian's or student's responsibility to seek immunization in the future.
6. If a parent requests to have their child immunized in the health centre, create a client warning.
7. When formal refusal has been obtained by the parent/guardian/ student update the consent directive(s) in the student's record. Create a new refusal that will then override the granted consent record. Their event status will be updated.

Recommended Procedure – Provision of Client Immunization Profile Report in Grade 8

The purpose of this recommendation is to ensure that grade 8 students receive a documented copy of their immunizations, as recorded in Panorama. An immunization profile report will be provided to every student in Saskatchewan by the end of their grade 8 school year. Caution must be taken for students who have a Warning noted on their records if they have requested that their immunization profile not be mailed to their parent's/guardian's home address (as per the Policy B - Mature Minor consent). The following disclaimer is noted at the bottom of page 1 of the client's Immunization Profile Report.

This record contains immunization information that is recorded in an electronic provincial immunization registry database and may not be a complete record.

1. Consider generating a new class list in Panorama for each school to be used for printing Grade 8 profiles.
2. The record shall be printed from the province's immunization registry and inserted into an envelope that can be sealed.
3. Each envelope will have the student's name on it as recorded in the provincial immunization registry and must be stamped as "CONFIDENTIAL".
4. The record should be sent to the student using 1 of the following options:
 - a. Inserted into the student's final report card (RECOMMENDED). Upon agreement by a school representative, the sealed envelopes are sent from the public health office to the school for insertion into the student's report card (which is sent home with the student in June).
 - The benefits of this option are that the immunization records do not have opportunities to become 'lost' in the mail or returned to the public health office, and time spent to look up and record each student's address on the envelope is not required.
 - b. Mailed out. The public health office shall address each student's sealed envelope with the name of the student's parent/guardian and the most current mailing address that has been provided by the school.
 - The public health office assumes the mailing costs.
 - c. Picked up at the public health office. In the event that neither option 1 or 2 can be exercised, an appointed public health staff will call the student's currently available contact number and a message left that it can be picked up at the public health office.
 - Regional policies regarding the release of client information should be followed in these situations.

Recommended Procedure - Foreign-born Students who are New to Saskatchewan/Canada

If available, RHAs should develop and disseminate an information pamphlet that includes public health centre contact information to parents of foreign-born students at elementary and high schools when they are registering their children in kindergarten to grade 12.

These students should be brought up to date for all vaccines that they are eligible for.

References

- British Columbia Centre for Disease Control (No date). Mature minor informed consent video. Available at: <http://www.bccdc.ca/imm-vac/ForHealthProfessionals/InformedConsentVideos/InformedConsentMatureMinor.htm>.
- Bobo, N., Etkind, P., Martin, K., et al. (2013). How school nurses can benefit from immunization information systems. *NASN School Nurse*, 28(2), pp. 1-9. DOI: 10.1177/194202X12467651.
- Caskey, R. N., Macario, E., Johnson, D. C., Hamlish, T., & Alexander, K. A. (2013). A school-located vaccination adolescent pilot initiative in Chicago: Lessons learned. *J Pediatric Infectious Disease Society*, published online February, 11, 2013, pp. 107. DOI: 10.1093/jpids/pit001.
- Cawley, J., Hull, H.F., & Rousculp, M.D. (2010). Strategies for implementing school-located influenza vaccination of children: a systematic literature review. *J Sch Health*, 80(4), pp.167-175.
- Cooper Robbins, S.C., Ward, K., & Skinnera, S.R. (2011). School-based vaccination: A systematic review of process evaluations. *Vaccine* (29), pp. 9588–9599.
- Cummings, G.E, Ruff, E., Guthrie, S.H., Hoffmaster, M.A., et al. (2011). Successful Use of Volunteers to Conduct School-located Mass Influenza Vaccination Clinics. *Pediatrics*, 129(S2), pp. S88-S95. DOI: 10.1542/peds.2011-0737H
- Kadisa, J.A., McReea, A-L., Gottlieb, S.L., Leea, M.R., et al. (2011). Mothers' support for voluntary provision of HPV vaccine in schools. *Vaccine* (29), pp. 2542–2547. DOI: 10.1016/j.vaccine.2011.01.067
- Lott, J. & Johnson, J. (2012). Promising practices for school-located vaccination clinics--Part I: Preparation. *Pediatrics*, 129, pp.S75-S80. DOI: 10.1542/peds.2011-0737F
- Lott, J. & Johnson, J. (2012). Promising practices for school-located vaccination clinics: Part II: Clinic operations and program sustainability. *Pediatrics*, 129, pp. S81-S87. DOI: 10.1542/peds.2011-0737G
- Mak, D.B., Bulsara, M., Goggin, L.S., & Effler, P.V. (2011). Resending a consent form and information package to non-responders increases school-based consent return rate. *Aus. & NZ Journal of PH* 35(1), pp. 89-90.
- Middleman, A.B. & Tung, J.S. (2011). School-located immunization programs: Do parental preferences predict behavior? *Vaccine* (29), pp. 3513–3516.
- National Society for the Prevention of Cruelty to Children (2012). Gillick competency and Fraser guidelines factsheet. Available at: http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html
- Randa, C.M., Humiston, S.G., Schaffera, S.J., et al. (2011). Parent and adolescent perspectives about adolescent vaccine delivery: Practical considerations for vaccine communication. *Vaccine* 29, pp.7651– 7658.
- Royal College of Nursing (2008). *Adolescence: boundaries and connections. An RCN guide for working with young people.*
- Schieber, R.A., Kennedy, A & Kahn, E.B. (2012). Early experience conducting school-located vaccination programs for influenza. *Pediatrics*, 129(S2), pp. S68-S74. DOI: 10.1542/peds.2011-0737E
- Wilson, T. (2001). A bi-state, metropolitan, school-based immunization campaign: Lessons from the Kansas City experience. *J Pediatr Health Care* (15), pp.173-178.

Appendix 1: School-Age Immunization Goals

By the end of grade 1:

- 95% of students will have received:
 - Five doses of a diphtheria, tetanus and pertussis vaccine (or four doses if the fourth dose was administered after four years of age);
 - At least three doses of a polio vaccine (with the third dose having been administered after four years of age as a minimum requirement);
 - At least 1 dose of Men-C-C vaccine;
 - Two doses of a measles-containing vaccine;
 - Two doses of a mumps-containing vaccine;
 - At least 1 dose of a rubella-containing vaccine;
 - Two doses of a varicella vaccine or serological documentation of varicella immunity as an exemption if born since October 1, 2009; or
 - 1 dose of a varicella vaccine or serological documentation of varicella immunity as an exemption if born before October 1, 2009.
- All refused immunizations to date will be recorded into a student's immunization record.
- All vaccine exemptions will be verified for applicability.

By the end of grade 6:

- 95% of students will have completed a Hepatitis B (HB) vaccine series.
- 95% of students will have received 1 Meningococcal Conjugate ACYW-135 (Men-C-ACYW-135) vaccine dose.
- 95% of students will have completed a two-dose HPV vaccine series.
- 95% of students will have received two doses of varicella vaccine or serological documentation of varicella immunity as a documented exemption.
- All refused immunizations to date will be recorded into a student's immunization record.
- All vaccine exemptions will be verified for applicability.

By the end of grade 8:

- 95% of students will have received a booster dose of tetanus, diphtheria and pertussis vaccine since 11 years of age.
- All refused immunizations to date will be recorded into a student's immunization record.
- All vaccine exemptions will be verified for applicability.

Appendix 2: Ministry of Health School Immunization Strategy Resources

All resources are available for direct ordering from the Ministry of Health Publication Centre website:

<http://www.publications.gov.sk.ca/deplist.cfm?d=13&c=883>

- Provincial immunization fact sheets are available at: www.saskatchewan.ca/immunize.
- Grade specific and general immunization consent forms are available at:
<http://www.publications.gov.sk.ca/deplist.cfm?d=13&c=883>.

The Mass Immunization User Guide is available at:

<https://www.ehealthsask.ca/services/panorama/Pages/Access-Training-Resources.aspx>.

Appendix 3: Consent Packet Contents

All consent packets must contain the most current dated forms. Please check with the Ministry of Health if there are any concerns.

Grade 6 packet:

- *Immunization Consent Form Instructions* sheet.
- *Grade 6 Immunizations* fact sheet.
- *Consent for Grade 6 Immunization* form.
- *Protecting the Privacy of your Immunization Record* fact sheet.

Grade 8 packet:

- *Immunization Consent Form Instructions* sheet.
- *Tetanus, Diphtheria, Pertussis* fact sheet.
- *Consent for Grade 8 Immunization* form.
- *Protecting the Privacy of your Immunization Record* fact sheet.

Packet for students who are immunization-delayed:

- *Immunization Consent Form Instructions* sheet.
- Immunization fact sheets as appropriate.
- *General Consent for School Age Immunization* form with section two completed by PHN.
- *Protecting the Privacy of your Immunization Record* fact sheet.
- All sheets should be placed into sealed envelope with the student's name on it.
- Parental HPV-9 switch notification letter as appropriate.

Appendix 4: LEAN School Clinics: Suggestions and Ideas

Preparation

- Before school and seasonal influenza programs begin, PHNs should review regional anaphylaxis policies and procedures, and chapter 11 *Adverse Events Following Immunization* available in the SIM at <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter11.pdf>
- Develop a list of essential supplies in amounts required in school immunization kits. Check that anaphylaxis kits are complete and medications are not outdated. Restock these kits as required. Don't forget about vaccine coolers and sharps containers.
- Don't stockpile school program vaccines. Only order vaccine Kanban amounts required per visit as per usual ordering schedule from the SDCL.
 - e.g., grade 6: for the first visit – order HB, Men-C-ACYW-135, Var, HPV;
 - e.g., for the second visit, only order HB and HPV.

Scheduling

- PHNs should make efforts to work collaboratively when scheduling school clinics.
- Establishing a clinic schedule for all schools should be done as early as possible. By early September, PHNs who work in the same health centres should identify all days they are available for school clinics on a calendar. Proposed school clinic dates can be planned further by taking into account school grade student numbers (and staffing requirements), neighbourhoods and driving requirements. This will lead to better coordination and operational delivery of immunization programs in the school.
- School clinics should be scheduled to begin early in the morning or right after the lunchtime break to maximize clinic time.
- It is recommended to call schools before doing scheduled or drop-in catch-ups to confirm if particular students are present that day.

School Collaboration

- Support of the school principal is crucial for school-based vaccination programs. The school PHN may request permission of the principal to attend the first staff meeting to review the importance of immunization, or the school open house (as a chance to meet parents) and answer immunization-related questions.
- Ask the principal if positive immunization messages and reminders (to return consent forms) can be circulated on school TV monitors and in announcements.
- Ask the principal if the Ministry of Health's website can be placed in school newsletters (electronic and paper).
- To assure PHN and student safety, request that large clinic spaces (with separate entrance and exit doors to improve flow and reduce confusion and congestion) be reserved when possible. A gymnasium, library, auditorium, media center, conference room, electrical plugs, unused classrooms, or cafeteria should be suggested to the schools as acceptable space options.
- Ask the school if they can recruit volunteers to assist with the school clinics. School/parent volunteers can help manage student flow to avoid having too many or too few students in the clinic room (or hallway) waiting to be immunized.
- Check if wireless or a hard wire internet access to the provincial immunization registry is available to access by PHNs when doing school clinics for point of service data entry. If possible, get access and passwords arranged well in advance.
- Check with the principal if there could be potential language barriers between students and PHNs and request assistance to access translation services/resources.
- Request that teachers make efforts to remind their students to return their consent forms to the school.

Education

- Provide immunization fact sheets to teachers and the principal. The disruption of school and classroom activities may be accepted better when school personnel understand the importance of immunizing students.
- If time allows, grade 6 and 8 students could benefit from learning about vaccines and the diseases they prevent in school during a health class. The PHN could offer to come in to teach, or could provide the school with an education package that could be loaned to the teachers to use.
- Students will be more likely to bring consents home for completion and back to school when they understand the disease and the how immunization can prevent diseases and keep them and their friends and family healthy.
- Education about adolescent vaccination should be focussed on schools with lower immunization rates and include information on vaccine safety.

Clinic Day

- Consider trying various PHN-student ratios. For example, in grade 6, two PHNs have 1 student sitting on chair between them. While 1 PHN checks the consent and confirms the student's name and health, the other PHN can begin preparing some vaccines to administer. This PHN administers two vaccines to the student while the other PHN prepares the other vaccines to administer. The PHN who administered the first vaccines can proceed to complete the *Notice of Immunization* form when the second PHN is immunizing. This ratio may be found to be more time-efficient for students who require more than two vaccines at a clinic compared to a 1:1 PHN-student ratio.
- A PHN must remain in the school for 15 minutes after the last student has been immunized. Packing up can be done at this time.
- Immunize students who are fearful or have special needs at the beginning of the clinic.
- If available, volunteers can escort students to and from the classroom.

Tracking Students

- As students transfer in or out of a school, assessing their immunization status and getting their current immunization records can be very time consuming. Regular student registration updates from the Ministry of Health may assist with student tracking. Also, schools may provide a notice slip to the school PHN and include the following information:
 - Identify if they have moved to another school in the same town;
 - Identify the new community the student has moved to;
 - Identify the RHA or FNJ a student has moved to;
 - Identify if a student has moved out of province; or
 - Identify if a student is deceased.
- 1 benefit of the provincial immunization registry is access to immunization records for the provision of care. Another benefit of the provincial immunization registry is that student demographics such as health region can be updated, or the record can be inactivated if they move out of province or are deceased.

Appendix 5: Sample School Newsletter Inserts

Sample 1 – School immunization programs

➤ Immunization News from XXX Public Health

1. Dear Parents/Guardians,
Population and Public Health is responsible for immunizing grade 1, 6 and 8 students and also follow-up when there is a case of a vaccine-preventable disease in a classroom or in a school. To do this work, Public Health Nurses review every student's immunization record in the provincial immunization registry called Panorama. Panorama is a secure electronic health record system designed to store and record immunization-related information. This confidential client information can only be accessed by authorized public health team staff, nurse practitioners and physicians across the province using secure networks. If you have questions about Panorama visit www.ehealthsask.ca/panorama or call 306-XXX-YYZZ.
2. Dear Parents/Guardians,
Every year, XXX Public Health nurses provide immunizations in the school to grade 6 students to protect them against hepatitis B, meningococcal disease, chickenpox and human papillomavirus. Please complete the grade 6 immunization consent form and have your child return it to school as soon as possible.
3. Dear Parents/Guardians,
Every year, XXX Public Health nurses immunize grade 8 students to boost their protection against tetanus, diphtheria and pertussis (whooping cough). Please complete the grade 8 immunization consent form and have your child return it to school as soon as possible.

Sample 2 – End of clinics

➤ Immunization News from XXX Public Health

1. Dear Parents/Guardians,
Thank you for a successful year from the XXX Public Health nurses who have been in the school immunizing grade 6 students against hepatitis B, meningococcal disease, chickenpox and human papillomavirus (HPV). If your child missed any doses of these vaccines, or for more information, please call XXX Public Health at 306-XXX-XXXX.
2. Dear Parents/Guardians,
Thank you for a successful year from the XXX Public Health nurses who have been in the school immunizing grade 8 students against tetanus, diphtheria and pertussis (whooping cough). If your child missed getting vaccines or for more information, please call XXX Public Health at 306-XXX-XXXX.

Sample 3 – New school enrollment

➤ Immunization News from XXX Public Health

1. Dear Parents/Guardians,
Immunizations are the best way to protect your child and the school community against serious diseases. If your child has just enrolled at this school, you are invited to call XXX public health at 306-XXX-XXXX to check if your child's immunizations are up to date. Your child can be immunized at school, or you can make an appointment at the health clinic to get them up to date.

Sample 4 – Influenza program

➤ Immunization News from XXX Public Health

1. Dear Parents/Guardians,
Did you know that every year, all residents of Saskatchewan can receive a free influenza vaccine ("flu shot")? Call 306-XXX-XXXX for flu clinic dates and locations, or to arrange a family flu clinic appointment at your local health centre.

Appendix 6: Immunization Data Entry into Client Records by Non-Providers

Panorama Immunization Module Policies

TOPIC:	Immunization Data Entry into Client Records by Non-Providers		
APPROVED BY:	Saskatchewan Ministry of Health	DATE:	August 25, 2016

BACKGROUND:

According to the *SRNA Documentation Guidelines 2011*, a Registered Nurse (RN) should record the care/service she provides in a timely and accurate manner based on the documentation tools provided. A Public Health Nurse (PHN) (who is a RN) is considered to have documented appropriately when a school consent form or influenza clinic recording sheet has been correctly completed at the time of vaccine administration.

REFERENCE:

http://www.srna.org/images/stories/pdfs/nurse_resources/documentation_guidelines_for_registered_nurses_22_11_2011.pdf

These Guidelines for Data Entry by a Non-Provider allows for the information from the vaccine administration event to be transcribed into the electronic immunization registry system known as Panorama. There is potential risk for transcription errors to occur and actions within this policy are included to mitigate those risks. The mitigation strategy is designating and training staff to enter the data into the electronic system and an auditing system be put in place to ensure the accuracy of the data entered into the electronic system. The extent and frequency of the audit is to be determined by the RHA based on the volume of data entered and experience of the designated staff, who is an authorized Panorama user, entering the data. Data entry of vaccine administration by someone other than a regional PHN or of an immunization record from another jurisdiction may also be entered by the designated staff who is an authorized Panorama user, if the record is considered a non-complicated client record (see policy statement for definition). The RHA may consider the same or other guidelines for auditing of these records

POLICY:

In situations where documentation of vaccines given by a PHN or other vaccine provider is not possible, designated support staff who are authorized Panorama users, can transcribe the vaccines documented by a vaccine provider when the client record is non-complicated as indicated by:

- Documented evidence exists in the form of a client chart, paper copy consent or registration form that is retained as per the employer policy for retention of records.
- An audit system is in place to ensure accuracy of data entry by designated support staff who are authorized Panorama users.
- There is no immunization related information such as warnings, risk factors, special considerations, adverse event following immunization (AEFIs) to be entered.
- There is no lab data or TB tests to be entered.

PURPOSE:

To ensure timely immunization data entry into client records of those immunized by a PHN or other vaccine provider to inform and support client care and population health management.

PROCEDURE:

RHAs:

- Appoint, authorize and train non-PHN designates (e.g., designated support staff who are authorized Panorama users) to enter into Panorama vaccines administered and documented by a PHN.
- Designate a nursing professional (PHN, Nursing Supervisor/Manager/Coordinator, or Nurse Clinician) to conduct audits.
- Determine the frequency and process for auditing data entry based on the numbers of data entry required and the experience of the designated support staff who is authorized Panorama users (example; random sample of data entry in client records [1 in five] vs. all client records).
 - Back entry of immunization histories from a hard copy record must be checked by a PHN if entered into Panorama by designated support staff who is authorized Panorama users.
- Retain original documentation of the vaccines provided by the PHN (school consent, influenza form) as per the RHA standard protocols on record retention.
- Ensure vaccines administered by non-PHN providers are documented on the client chart to enable the temporary record of documentation received by Public Health to be shredded upon entry into Panorama.

REFERENCES & RESOURCES:

The SRNA has reviewed the above policy and found it to be compliant with the SRNA *Documentation Guidelines* (December 2011) given original documentation is retained as per RHA Retention policy and the provision of regular audits by a designated nursing professional is completed.

Appendix 7: Ministry of Social Services Children's Service Manual Section 11.3: Health Care/Medical Treatment

Health Care/Medical Treatment policies and protocols for children in care are available at:

<http://publications.gov.sk.ca/documents/17/17090-Children's%20Services%20Manual%20November%202015.pdf>

Appendix 8: Sample Letter to School Division

Date

School Division

Starting in the fall of 2016-17, the Ministry of Health, with support from the Ministry of Education, will implement a new way of managing immunizations given at school. Following receipt of informed consent from parents, Public Health Nurses (PHNs) will continue to provide on-site immunizations to school age students. However, given advances in technology, PHNs will now immediately record immunizations provided to students in the provincial electronic immunization registry called Panorama. This will allow point of care documentation of administered immunizations, consent directives, and access to the student's immunization record.

PHNs provide immunizations to students in grades 1, 6, and 8. School immunization clinics allow for rapid, efficient, and safe immunization of large numbers of students in a short time with minimal disruptions to staff and students.

To facilitate the school immunization process, we require:

- Teachers to distribute and receive immunization documents to/from students/parents/guardians;
- A suitable time to immunize approximately four times during the school year; and
- A large space that supports the safe and efficient delivery of immunizations within the school (a room that accommodates four to five tables with accessible electric outlets and a small area for students to wait before and after their immunizations). Ideally, separate entry and exit doors allow for less disruptions and more privacy for students.

Spaces such as boot rooms, staff rooms, and small storage areas are unsuitable for PHNS to deliver school immunizations. Cleanliness, safety, student monitoring, and student confidentiality are difficult to achieve in such locations.

Thank you for welcoming us into your schools as community partners, and assisting our collaborative efforts to reduce vaccine preventable diseases in the school aged population and the community at large. Attached is a notice to distribute to principals and administration to alert them to our requirements.

If you have any concerns or questions, contact

Sincerely,

Appendix 9: Sample Letter to School Principal

Dear Principal:

In the fall of 2016-17, the Ministry of Health, with support from the Ministry of Education, is implementing a new way of documenting immunizations given at school. Public health nurses (PHNs) will provide on-site point of service data entry. This will allow immediate entry of immunizations into the provincial immunization registry called Panorama, a secure electronic health record designed to record and store immunizations.

Timeline

- Public Health nurses will be in your school approximately four times throughout the school year providing immunizations to students in grades 1, 6, and 8. The first round is in the fall, the second and third rounds between January and March, and the final round in the spring.
- Public Health nurses will deliver consents for grade 6 students in early September and arrange an immunization time for these students. Scheduling can be time sensitive and require coordination between the school and the PHN.

Clinical Space requirements

- A room that accommodates four to five tables with accessible electric outlets and a small area for students to wait before and after their immunizations is required to support a safe and efficient delivery of immunizations within the school.
- Ideally, a separate entry will allow for less disruptions and more privacy for students. Unfortunately, some locations that have been provided in the past, such as boot rooms, staff rooms, and small storage areas are not appropriate for providing health services. Cleanliness, student safety and monitoring, and confidentiality are difficult to maintain in many of these locations.

Communication with Parents and Students

School Office Coordinator/Secretary assists by:

- Inserting the “Immunization Notice for Parents” into your school newsletter in September. School newsletter inserts are emailed directly to your school secretary on a variety of health topics by Population and Public Health.
- Providing a copy of *Protect Your Child with Free Immunization* to students who are new to the province or from a First Nations Community, when they register.
- Ensuring that any immunization records dropped off at the school are provided to Population and Public Health by placing them in the school nurse’s mailbox or folder – **not** in the student’s cumulative folder.
- Completing the School Board office registry with the student’s legal name, date of birth, gender, health services number, address, parent’s names, and at least 1 telephone number. This allows Population and Public Health to accurately link with the immunization data base to determine student’s immunization needs.
- Placing a grade 8 student’s immunization record into their report card envelopes at the end of June.

Teachers assist by:

- Distributing the immunization consent forms to students in grades 1, 6, and 8.
- Emphasizing the importance of returning the consent forms back to the school.
- Placing the returned consent forms in the public health nurse’s mailbox or folder.
- Directing parent questions to the PHN for the school.
- Reassuring the students who are being immunized.

Thank you for welcoming us into your schools as community partners, and assisting our collaborative efforts to reduce vaccine-preventable diseases in the school-aged population and the community at large.

If you have any concerns or questions, please contact us

Sincerely,

Appendix 10: Sample Letter to Grade 6 Teachers

Grade 6 teachers:

Grade 6 students in the province are eligible for routine school immunizations, according to the Ministry of Health Provincial School Immunization Strategy (PSIS). This program is administered by Public Health Nurses (PHNs) in the school setting in collaboration with the Ministry of Education and all provincial school boards.

All students will be offered immunization against Hepatitis B, Meningococcal ACYW-135, Varicella and Human Papillomavirus (HPV).

PHNs will be immunizing these students on two occasions during the school year; approximately 6 months apart. The PHN for your school will contact you regarding scheduling the date(s) for immunizations. This will require coordination between the school and the nursing team, as immunization can be time sensitive.

To prepare for the immunization session we ask that you:

- Distribute a consent form to all grade 6 students, emphasizing the importance of returning the consent form to the school.
- Monitor the return of consent forms and place them in the PHNs mailbox for pick up.
- Direct parent questions to the PHN for your school. A label with contact information is on the front of the consent form.
- Encourage students to eat a healthy breakfast on the day of immunization.
- Encourage students to wear a short sleeve T-shirt on the day of immunization.

On the day of immunization:

- Identify for the PHN any students who are particularly anxious about the immunization session.
- Reassure the students who are being immunized.
- Reinforce a positive attitude by reminding students that the vaccine(s) will protect them from serious diseases.
- Discourage peer teasing about receiving the injection(s).
- Encourage a quiet, calm environment among the waiting students.
- Encourage students to use distraction techniques; have students bring a book, school work, etc., with them to the immunization session.
- Send students who are feeling unwell back to the school clinic area accompanied by another student or teacher.
- Encourage students to continue with their regularly scheduled activities.

Thank you for assisting with the delivery of immunization in your school community. Our collaborative efforts can reduce vaccine-preventable diseases in the school-aged population and the community at large.

Immunization Department
Population and Public Health

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Stakeholders

The PSIS is a collaborative effort among several stakeholders, all of whom have responsibilities:

- The Ministry of Health
 - Strategic provincial policy and program development
 - Vaccine procurement
 - Provincial coverage rate reports
 - Development, printing and shipment of provincial resources such as consent forms, immunization fact sheets and other documents
 - Ministry of Health's website maintenance
 - Liaison with other government Ministries
- eHealth Saskatchewan
 - The development and operational support of the provincial immunization registry
- RHAs/FNJs
 - Staff immunization competencies
 - Operational policies
 - Delivery of school immunization programs
- PHNs/CHNs
 - Liaison with schools and staff
 - Immunization record retrievals and reviews
 - Planning and delivery of school immunization programs
- Ministry of Education
 - Provision of student information to the Ministry of Health and RHAs per the provincial data sharing agreement
- Individual schools
 - Includes public, Catholic, Christian, Francophone, and private schools
 - Responsible to collaborate with PHNs to schedule immunization clinics
 - Provide appropriate spaces for immunization clinics
 - Relay school immunization-related documents to parents
- Students and parents/guardians/social workers
 - To ensure consent packets are brought home for completion and returned to the school
 - To identify student health-related issues that may affect their eligibility for immunizations
 - To contact public health to get vaccines that were missed or refused
- Immigrant community centres
 - Communication of immunization information with translation services if requested
 - Facilitation of family immunization clinics on site as required